



Prescription

Field	Details
Appointment ID	1
Patient Name	Harsh Kumar Sinha
Email	mrtales20@gmail.com
Phone	7346736379
Gender	Male
Blood Group	B-
Age	20
Disease Name	ioxbjsuhx
Medication Name	jhaxba
Dosage	6
Frequency	9
Duration	3
Date Signed	2025-07-19
Doctor Signature	uixsxuh
Prescription Text	jioasx

Thank you for using our service.